

Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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Madison, WI 53703
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BUREAU OF HEALTH SERVICE PROFESSIONS

APPLICATION FOR CERTIFICATION AS AN ACUPUNCTURIST

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

- ☐ Your name and address are available to the public.
Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month day year	Daytime Telephone Number () - _____
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Ethnic/gender status information is optional. **Sex:** ☐ M ☐ F **Ethnic:** ☐ White, not of Hispanic origin ☐ American Indian or Alaskan
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander
☐ Hispanic ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The acupuncturist license expires on 30th of the odd-numbered year. It may be renewed for a two year period at that time.

Acupuncture School(s)	Location(s)	Dates Attended (mo/yr)
Length of Residency Program	Dates	Total Number of Hours

- Submit proof of successful completion of the NCCAOM examination in acupuncture.
Have you ever been denied a certificate by the NCCAOM or had your certificate revoked, suspended or otherwise restricted by the NCCAOM?
YES ☐ NO ☐ If yes, give details on an attached sheet.
- Submit proof of successful completion of a clean needle technique course.
- Have you ever been certified, licensed, or applied for certification or licensure, to practice any other health care profession in Wisconsin or any other jurisdiction?
YES ☐ NO ☐

Name(s) of Jurisdiction	Date(s) of Application	Certificate/License No.
_____	_____	_____
- Have you ever been certified, licensed, or applied for certification or licensure as an acupuncturist in any other jurisdiction?
YES ☐ NO ☐

Name(s) of Jurisdiction	Date(s) of Application	Certificate/License No.
_____	_____	_____

Method of application:

- ☐ Initial Acupuncture Certification
☐ Reciprocal Acupuncture Certification

_____ **\$53.00 Registration Fee**

For Receiving Use Only

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5. Are any formal charges pending or has any disciplinary action been taken against you by any professional/occupational licensing authority, any health care facility or any professional acupuncture association, whether international, federal or state?

YES ☐ NO ☐ If yes, list jurisdiction(s). _____

If yes, give details on an attached sheet.

6. Have you ever voluntarily surrendered your certificate or license to practice acupuncture or any other regulated health care profession or occupation?

YES ☐ NO ☐ If yes, give details on an attached sheet.

7. Have you ever had employment or an appointment in a clinic, hospital or other health care facility suspended, revoked or denied for disciplinary reasons, or have you ever resigned from a health care facility to avoid disciplinary action?

YES ☐ NO ☐ If yes, give details on an attached sheet.

8. Have you or your clinic ever been the defendant in a lawsuit alleging any form of malpractice or incompetencies in the practice of acupuncture or any other professional services?

YES ☐ NO ☐ If yes, give details on an attached sheet.

A "YES" answer to the following question will not result in automatic denial of certification. A form will be sent to you requesting specific information relative to your conviction/arrest record.

9. Have you ever been convicted of any offense or are you subject to a pending charge (excluding minor traffic violations)?

YES ☐ NO ☐ If yes, give details on an attached sheet.

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires